

STATE OF DELAWARE
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

Form 306

INDEPENDENT CONTRACTOR CERTIFICATE

Name Independent Contractor: _____

Nicknames or Aliases: _____

Social Security No.: _____ (ATTACH SEPARATE COPY)

Date of Birth: _____

Driver's License No.: _____ (ATTACH SEPARATE COPY)

Delaware Division of Revenue License Number: _____ (ATTACH SEPARATE COPY)

Residential Address: _____

City/State/Zip: _____

Place of Employment: _____

Address: _____

City/State/Zip: _____

Employer Phone No.: _____

ATTACH CURRENT

2"X 2"

COLOR PHOTO

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that

I am a Independent Contractor for _____ in the capacity of a

_____ at the _____
(Name of Establishment)

located at _____
(Address of Establishment)

for which a license has been or will be issued to _____.
(Name of Establishment)

Signature of Independent Contractor

Date

Notary Public
My commission will expire on _____

FORM 306 EFFECTIVE 1/1/83

REVISED: 11/82, 8/01